

1855

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.

Place of Birth Phoenix
(Registration District)County Maricopa

No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH*	Jan. 3- 1918	193
	(Month) (Day)	(Year)

FULL NAME FATHER

Nicanor Corrales

FULL MAIDEN NAME MOTHER

Ella Hughes

I HEREBY CERTIFY that the child described herein has
been named

Genevive Corrales

(Give name in full)

(Surname)

Ella Corrales

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

Form X

732-103-582

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted
beneath the original